PTO/SB/30 (09-03)

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## Request For Continued Examination (RCE) Transmittal

Address to MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

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Application Number	10/774,517				
Filing Date	February 10, 2004				
First Named Inventor	Woo-Hyuk Choi				
Art Unit	2871				
Examiner Name	Dung T. Nguyen				
Attomey Docket No.	8733.345.10				

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).							
a. X Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.							
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iiOth b Enclose				· -			
i. Pre	liminary Amendment iii.	) Other					
2. Miscellaneous	٦						
period o	sion of action on the above-identified ap	-					
	E fee under 37 CFR 1.17(e) is required by	37 CFR 1.114 w	vhen the	RCE is filed.			
The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayment to							
	Account No50-0911	<del></del>					
i. X RCE fee required under 37 CFR 1.17(e)							
ii. X Extension of time fee (37 CFR 1.136 and 1.17)							
iii. Oth	er						
b. X Check i	n the amount of \$ \$930.00	enclo	osed				
c. Payment by credit card (Form PTO-2038 enclosed)							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED							
Name (Print/Type)	Valerie P. Hayes	Registration	No. (Atto	omey/Agent)	53,005		
Signature	Valerie P. Hay		Date	August 20	6, 2008		
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